

## DECLARATION TO INDIANA DEPARTMENT OF INSURANCE FOR VIATICAL SETTLEMENT AGENT OR BROKER

Type or print all responses. Attach additional sheets as necessary. Return this completed, signed, and notarized declaration to: Indiana Department of Insurance, 311 W. Washington Street, Suite 300, Indianapolis, IN 46204. Any illegible or incomplete forms will be returned to the applicant and no declaration will be filed by the Department.

1. Name of applicant \_\_\_\_\_
2. Indiana Life insurance agent license number: \_\_\_\_\_  
                                         \_\_\_\_\_ resident                                          \_\_\_\_\_ non-resident
3. Declaration to act as:  
                                         \_\_\_\_\_ agent                                          \_\_\_\_\_ broker
4. Mailing Address: \_\_\_\_\_
5. Phone Number: \_\_\_\_\_
6. Organization information: \_\_\_\_\_ Individual                                          \_\_\_\_\_ Corporation  
                                         \_\_\_\_\_ LLC                                          \_\_\_\_\_ Partnership                                          \_\_\_\_\_ Trust
7. List all states in which you are or ever have been licensed or registered to act as a viatical settlement agent or broker and the number and current status of any such license or registration. Indicate whether, under the license number, you were acting as an agent or broker. Attach additional pages as needed, as well as a copy of all licenses and registrations.

STATE	LICENSE NUMBER AND STATUS	AGENT/BROKER

8. List all states in which your application for licensure or registration to act as a viatical settlement agent or broker is currently pending. Indicate whether you intend to act as an agent or broker. Attach additional pages as needed.

STATE	AGENT/BROKER

9. Have you (or any officer or director, in the case of a corporate applicant) ever been convicted of or are you currently charged with committing a crime, whether or not adjudication was withheld? "Crime" includes a misdemeanor, felony, or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence, or a fine.

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

If you answer yes, you must attach to this declaration:

- (a) a written statement explaining the circumstances of each incident;
- (b) a copy of the charging document; and
- (c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

10. Have you, (or any officer or director, in the case of a corporate applicant) ever been involved in an administrative proceeding regarding any professional or occupational license in the business of viatical settlements or life insurance? "Involved" means having a license censured, suspended, revoked, cancelled, terminated; or being assessed a fine, placed on probation or surrendering a license to resolve an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act or withdrawing an application to avoid a denial. You

may exclude termination due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

\_\_\_\_\_ YES \_\_\_\_\_ NO

If you answer yes, you must attach to this declaration:

- (a) a written statement explaining the circumstances of each incident;
- (b) a copy of the charging document; and
- (c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

11. Have you (or any officer or director, in the case of a corporate applicant) ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty?

\_\_\_\_\_ YES \_\_\_\_\_ NO

If you answer yes, you must attach to this declaration:

- (a) a written statement explaining the circumstances of each incident;
- (b) a copy of the charging document; and
- (c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

12. Identify all viatical settlement providers that have paid commissions to you during the previous 12 months. Attach additional pages as needed.

Name:

Address

Phone

Name:

Address

Phone

Name:

Address

Phone

13. Identify all viatical settlement providers with which you intend to transact business with during the next 12 months. Attach additional pages as needed.

Name:

Address

Phone

Name:

Address

Phone

Name:

Address

Phone

I \_\_\_\_\_ (name of applicant) intend to act as a viatical settlement broker or viatical settlement agent in Indiana. I have read and understand IC 27-8-19.8 and 760 IAC 1-61. I understand that a viatical settlement broker is deemed to represent only the viator's interests and shall owe a fiduciary duty to the viator to act according to the viator's instructions and in the viator's best interest. I understand that a viatical settlement broker may not seek or obtain any compensation from the viator without the written agreement of the viator obtained before the broker performs any services in connection with the transaction. I understand that a viatical settlement agent is deemed to represent only the viatical settlement provider. A viatical settlement agent may not seek or obtain any compensation from the viator in connection with the transaction.

I hereby certify under penalty of perjury that the above information is true and correct to the best of my knowledge and belief.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or printed name

\_\_\_\_\_  
Relationship to applicant if applicable

State of \_\_\_\_\_)

County of \_\_\_\_\_)

)SS:

Sworn before me this \_\_\_\_\_ day of \_\_\_\_\_,  
\_\_\_\_\_.

\_\_\_\_\_, Notary Public

My Commission Expires: \_\_\_\_\_